

38-2008890

HEALTH ANNUAL STATEMENT

FOR THE YEAR ENDING DECEMBER 31, 2004 OF THE CONDITION AND AFFAIRS OF THE

THE WELLNESS PLAN

NAIC Company Code 95471 Employer's ID Number

NAIC Group Code

1150

1150

(Curre	ent Period) (Prior Period)			
Organized under the Laws of	of Michigan	, State of Do	micile or Port of Entry	Michigan
Country of Domicile		United States of A	merica	
Licensed as business type:	Life, Accident & Health []	Property/Casualty []	Dental Service Corporation []
	Vision Service Corporation []	Other []	Health Maintenance Organiza	ition [X]
	Hospital, Medical & Dental Servic	e or Indemnity []	Is HMO, Federally Qualified?	Yes[X] No[]
Incorporated	11/08/1972	Commenced Business	02/2	8/1973
Statutory Home Office	7700 SECOND AV		DETROIT, M	
	(Street and Numb	er)	(City or Town, State a	and Zip Code)
Main Administrative Office		7700 SECON		
	TROIT, MI 48202	(Otroot and	313-202-8500	-1
Mail Address	Town, State and Zip Code) 7700 SECOND AVENUE		(Area Code) (Telephone Numbe	
wali Addiess	(Street and Number or P.O. Box)	,	(City or Town, State and Zi	
Primary Location of Books a	nd Records	770	00 SECOND AVENUE	
DE	TROIT, MI 48202		(Street and Number) 313-202-8500-27828	
(City or	Town, State and Zip Code)		(Area Code) (Telephone Numbe	r)
Internet Website Address		www.wellpla	n.com	
Statutory Statement Contact	Rao Kakarala N	Лr	313-202-8500-2	
rkaka	arala@wellplan.com		(Area Code) (Telephone Nun 313-202-6870	iber) (Extension)
	(E-mail Address)		(FAX Number)	
Policyowner Relations Conta	Ct (Street and Nu	7700 SECON	ND AVENUE	
	TROIT, MI 48202		313-202-8500	
(City or	Town, State and Zip Code)		(Area Code) (Telephone Number) (Ex	ension)
Name James Eric Gerber	Title Deputy Rehabilita		Name,	Title
	0	THER OFFICERS		
	DIREC	TORS OR TRUSTE	ES	
State of	.Michigan			
	ss Wayne			
The officers of this reporting entiabove, all of the herein described this statement, together with relation to the condition and affairs of the completed in accordance with the that state rules or regulations recrespectively. Furthermore, the so	ty, being duly sworn, each depose and stassets were the absolute property of the led exhibits, schedules and explanations as said reporting entity as of the reporting e NAIC Annual Statement Instructions and uire differences in reporting not related to ope of this attestation by the described codifferences due to electronic filing) of the	e said reporting entity, free and cleatherein contained, annexed or refeperiod stated above, and of its inc d Accounting Practices and Procedo accounting practices and procedufficers also includes the related conficers also includes the related contains and procedustricers.	ar from any liens or claims thereon, erred to is a full and true statement o ome and deductions therefrom for the dures manual except to the extent the ures, according to the best of their in erresponding electronic filing with the	except as herein stated, and that fall the assets and liabilities and the period ended, and have been at: (1) state law may differ; or, (2 formation, knowledge and belief NAIC, when required, that is an
James Eric (Deputy Reha	bilitator		a. Is this an original filing?	Yes [X] No []
Subscribed and sworn to be 24 day of			b. If no, 1. State the amendment nu 2. Date filed	
Polly J. Jones Notary Public, Wayne County August 17, 2007	MI		3. Number of pages attache	eu

EXHIBIT 2 - ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID

	2	3	4	E	6	7
Name of Debtor	1 - 30 Days	31 - 60 Days	61 - 90 Days	Over 90 Days	Nonadmitted	Admitted
0199999 Total individuals	1 - 30 Days	31 - 00 Days	01 - 30 Days	Over 90 Days	Nonaumitted	Admitted
Group subscribers:						
Group subscribers.						
0299997 Group subscriber subtotal	0	0	0	0	0	0
0299997 Group subscriber subtotal	,			154	154	
0299999 Total group	n	Λ	Λ	154	154	n
0299999 Total group 0399999 Premiums due and unpaid from Medicare entities 0499999 Premiums due and unpaid from Medicaid entities						
0499999 Premiums due and unpaid from Medicaid entities						
0599999 Accident and health premiums due and unpaid (Page 2, Line 12)	0	0	0	154	154	0
1000000 Accident and nearth premiums due and unpaid (1 age 2, Line 12)	0	U	U	104	104	U

_

ANNUAL STATEMENT FOR THE YEAR 2004 OF THE THE WELLNESS PLAN

EXHIBIT 3 - HEALTH CARE RECEIVABLES

			\DLLU			
1 Name of Debtor	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	7 Admitted
Individually Listed Receivables:						
PCS				255,505	255,505	
0199999 -				255,505	255,505	
Provider Cost Settlements.				1,534,479	1,534,479	
0599999 -				1,534,479	1,534,479	
State of Michigan - retro premiums et al				1,181,492 412,459		1,181,492 412,459 1,291
State of Michigan - maternity				412,459		412,459
State of Michigan - psychotropic Rx				1,291 426,809		1 , 291
EUS Health (net of amounts charged off)				426,809	426 , 809 1 , 617 , 734	
Detroit Medical Center	449 , 125			1,168,609	1,617,/34	
Provider receivables				17 ,478	17,478	
First Health - pharmacy billings						106 , 348 565 , 353
State of Michigan - retro premiums et al State of Michigan - maternity State of Michigan - psychotropic Rx EOS Health (net of amounts charged off). Detroit Medical Center Provider receivables. First Health - pharmacy billings Rx America						565,353
0699999 -	1,120,826			3,208,138	2,062,021	2,266,943
000000	1,120,020			0,200,100	2,002,021	2,200,010
				+		
				-		
				-†		
			1	†		
			1	1		
0799999 Gross health care receivables	1,120,826			4,998,122	3,852,005	2,266,943

EXHIBIT 4 – CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported)

	Aging Analysis of Unpaid	Claims				
1	2	3	4	5	6	7
Account	1 - 30 Days	31 - 60 Days	61 - 90 Days	91 - 120 Days	Over 120 Days	Total
Claims Unpaid (Reported) Detroit Medical Center	005 000				0.040.004	0 404 400
Petroit Medical Center	285,009				2,816,094	3,101,103
St. John Health System	117 ,553				3,882,288	3,999,841
					· 	
					· 	
					· †	
			-			
			+		· 	
					· 	
					· · · · · · · · · · · · · · · · · · ·	
0199999 Individually listed claims unpaid		0	0	0	6,698,382	7 , 100 , 944
0299999 Aggregate accounts not individually listed-uncovered.					, , , , , , , , , , , , , , , , , ,	0
0399999 Aggregate accounts not individually listed-covered	1,616,283				10,201,538	11,817,821
0499999 Subtotals	2,018,845	0	0	0	16,899,920	18,918,765
0599999 Unreported claims and other claim reserves			•	•		8,512,763
0699999 Total amounts withheld						424,580
0799999 Total claims unpaid						27,856,108
0899999 Accrued medical incentive pool and bonus amounts						4,564,279

EXHIBIT 5 - AMOUNTS DUE FROM PARENT, SUBSIDIARIES AND AFFILIATES

Name of Affiliate				-,								
Selicorp. Seli	1	2	3	4	5	6	Adm	itted				
Selicorp. Seli							7	8				
		1 - 30 Days	31 - 60 Days	61 - 90 Days	Over 90 Days	Nonadmitted	Current	Non-Current				
	Individually Listed Receivables:											
	Wellcorp				9.913	9.913						
199999 Individually listed receivables	'				,	<i>'</i>						
199999 Individually listed receivables 0 0 0 0 9,913 9,913 0 0 0 299999 Receivables not individually listed												
199999 Individually listed receivables												
199999 Individually listed receivables 0 0 0 9,913 9,913 0 0 299999 Receivables not individually listed												
199999 Individually listed receivables 0 0 0 9,913 9,913 0 0 0 299999 Receivables not individually listed												
199999 Individually listed receivables 0 0 0 9,913 9,913 0 0 299999 Receivables not individually listed		1										
199999 Individually listed receivables		†										
199999 Individually listed receivables 0 0 0 9,913 9,913 0 0 299999 Receivables not individually listed												
199999 Individually listed receivables												
199999 Individually listed receivables 0 0 9,913 9,913 0 0 299999 Receivables not individually listed												
199999 Individually listed receivables												
199999 Individually listed receivables												
199999 Individually listed receivables 0 0 0 9,913 9,913 0 0 0 299999 Receivables not individually listed 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0												
199999 Individually listed receivables												
199999 Individually listed receivables												
199999 Individually listed receivables												
199999 Individually listed receivables		.										
199999 Individually listed receivables		4										
199999 Individually listed receivables												
299999 Receivables not individually listed	0199999 Individually listed receivables	L 0	0	0	9,913	9,913	0	٥ــــــــ				
200000 Tetal grape amounts receivable	0299999 Receivables not individually listed											
399999 Folal gloss alliquints receivable [0399999 Total gross amounts receivable	0	0	0	9,913	9,913	0	0				

EXHIBIT 6 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES

	2	3	1	5
Affiliate	Description	Amount	Current	Non-Current
	Description	Amount	Current	Non-Current
ellCorp, Inc	Common Stock - 1 share			
M 00000 Individually listed psychlog		1	Λ	1
7199999 Individually listed payables.			0	
0199999 Individually listed payables 0299999 Payables not individually listed 0399999 Total gross payables				
0399999 Total gross payables		1	0	1 !

Ŋ

ANNUAL STATEMENT FOR THE YEAR 2004 OF THE THE WELLNESS PLAN

EXHIBIT 7 PART 1- SUMMARY OF TRANSACTIONS WITH PROVIDERS

Payment Method	1 Direct Medical Expense Payment	2 Column 1 as a % of Total	3 Total Members Covered	4 Column 3 as a % of Total	5 Column 1 Expenses Paid to Affiliated Providers	6 Column 1 Expenses Paid to Non-Affiliated Providers
Capitation Payments:						
1. Medical groups	9,814,221	7.0		0.0	9,814,221	
2. Intermediaries	0	0.0		0.0		
3. All other providers	22,704,508	16 . 1		0.0	22,704,508	
4. Total capitation payments	32,518,729	23.0	0	0.0	32,518,729	0
Other Payments:						
5. Fee-for-service	26,882,515	19.0	XXX	XXX	17,970,203	8,912,312
6. Contractual fee payments	59,665,821	42.3	XXX	XXX	59,665,821	
7. Bonus/withhold arrangements - fee-for-service	142,761	0.1	XXX	XXX	142,761	
Bonus/withhold arrangements - contractual fee payments	0	0.0	XXX	XXX		
9. Non-contingent salaries	21,948,516	15.5	XXX	XXX	21,948,516	
10. Aggregate cost arrangements	0	0.0	XXX	XXX		
11. All other payments	0	0.0	XXX	XXX		
12. Total other payments	108,639,613	77.0	XXX	XXX	99,727,301	8,912,312
13. TOTAL (Line 4 plus Line 12)	141,158,342	100 %	XXX	XXX	132,246,030	8,912,312

EXHIBIT 7 - PART 2 - SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES

1	2	3	4 Average Monthly	5	6 Intermediary's Authorized	
NAIC Code	Name of Intermediary	Capitation Paid	Capitation	Intermediary's Total Adjusted Capital	Control Level RBC	
	NON					
99999 Totals			XXX	XXX	XXX	

EXHIBIT 8 – FURNITURE, EQUIPMENT AND SUPPLIES OWNED

·	1	2	3	4	5	6
Description	Cost	Improvements	Accumulated Depreciation	Book Value Less Encumbrances	Assets Not Admitted	Net Admitted Assets
Administrative furniture and equipment	4,973,071			1,078,062	485 , 128	592,934
Medical furniture, equipment and fixtures	2,269,343		1,780,391	488,952	0	488,952
Pharmaceuticals and surgical supplies	475 , 199		0	475 , 199	0	475 , 199
4. Durable medical equipment						
5. Other property and equipment	330,632		330,632	0	0	0
6. Total	8,048,245	0	6,006,032	2,042,213	485,128	1,557,085



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION THE WELLNESS PLAN

NAIC Group Code 1150 BUSINESS IN THE STATE C	NE Michigan				DURING THE YE	AR 2004				(LOCA	TION) NAIC Compai	ay Code	95471
THE GIATE C	71 IVIIOTIIGATI	Compre					_						
	1	(Hospital 8	Medical)	4	5	6	7	8	9	10	11	12	13
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Stop Loss	Disability Income	Long-Term Care	Other
Total Members at end of:													
1. Prior Year	110,453	15	6,036				944		103,458				
2 First Quarter	107 , 302	5	4,392						102,905				
3 Second Quarter	103,023	0	2,901						100 , 122				
4. Third Quarter	95,482		162						95,320				
5. Current Year	0	0	0						0				
6 Current Year Member Months	933,469	31	25,726						907,712				
Total Member Ambulatory Encounters for Year:													
7. Physician	90,915	4	5,378						85,533				
8. Non-Physician	296,254	8	12,061						284,185				
9. Total	387,169	12	17 ,439	0	0	0	0	0	369,718	0	0	0	
10. Hospital Patient Days Incurred	35,187	63	458						34,666				
11. Number of Inpatient Admissions	8,091	14	115						7,962				
12. Health Premiums Written	162 , 198 , 377	6,760	4,466,852						157 , 724 , 765				
13. Life Premiums Direct	0												
14. Property/Casualty Premiums Written	0												
15. Health Premiums Earned	162 , 198 , 377	6,760	4,466,852						157 , 724 , 765				
16. Property/Casualty Premiums Earned	0												
17. Amount Paid for Provision of Health Care Services	141 , 158 , 342	11,585	7 ,667 ,440				165,226		133,314,091				
18. Amount Incurred for Provision of Health Care Services	124,187,273	5,137	4,446,282						119,735,854				

(a) For health business: number of persons insured under PPO managed care products 0



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION THE WELLNESS PLAN

2.

NAIC Group Code 1150 BUSINESS IN THE STATE OF	Consolidated	(LOCATION) DURING THE YEAR 2004 NAIC Company Code 95									95471		
NAME OF THE OFFICE OFFI	J	Compre					_				•		
	1	(Hospital 8	3 Medical)	4	5	6	7	8	9	10	11	12	13
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Stop Loss	Disability Income	Long-Term Care	Other
Total Members at end of:													
1. Prior Year	110,453	15	6,036	0	0	0	944	0	103,458	0	0	0	(
2 First Quarter	107,302	5	4,392	0	0	0	0	0	102,905	0	0	0	
3 Second Quarter	103,023	0	2,901	0	0	0	0	0	100 , 122	0	0	0	
4. Third Quarter	95,482	0	162	0	0	0	0	0	95,320	0	0	0	(
5. Current Year	0	0	0	0	0	0	0	0	0	0	0	0	(
6 Current Year Member Months	933,469	31	25,726	0	0	0	0	0	907,712	0	0	0	(
Total Member Ambulatory Encounters for Year:													
7. Physician	90,915	4	5,378	0	0	0	0	0	85,533	0	0	0	
8. Non-Physician	296,254	8	12,061	0	0	0	0	0	284,185	0	0	0	(
9. Total	387,169	12	17,439	0	0	0	0	0	369,718	0	0	0	(
10. Hospital Patient Days Incurred	35,187	63	458	0	0	0	0	0	34,666	0	0	0	(
11. Number of Inpatient Admissions	8,091	14	115	0	0	0	0	0	7,962	0	0	0	(
12. Health Premiums Written	162 , 198 , 377	6,760	4,466,852	0	0	0	0	0	157 , 724 , 765	0	0	0	(
13. Life Premiums Direct	0	0	0	0	0	0	0	0	0	0	0	0	(
14. Property/Casualty Premiums Written	0	0	0	0	0	0	0	0	0	0	0	0	(
15. Health Premiums Earned	162,198,377	6,760	4,466,852	0	0	0	0	0	157 , 724 , 765	0	0	0	
16. Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	0	0	0	(
17. Amount Paid for Provision of Health Care Services	141,158,342	11,585	7 , 667 , 440	0	0	0	165,226	0	133,314,091	0	0	0	
18. Amount Incurred for Provision of Health Care Services	124,187,273	5,137	4,446,282	0	0	0	0	0	119,735,854	0	0	0	(

(a) For health business: number of persons insured under PPO managed care products 0_____and number of persons under indemnity only products _____0

SCHEDULE A - VERIFICATION BETWEEN YEARS

1.	Book/adjusted carrying value, December 31, prior year (prior year statement).	20 , 275 , 151
	Increase (decrease) by adjustment:	
	2.1 Totals, Part 1, Column 11	(1,442,692)
	2.1 Totals, Part 1, Column 11 2.2 Totals, Part 3, Column 7	(2,784)
3.	Cost of acquired, (Totals, Part 2, Column 6, net of encumbrances (Column 7) and net of additions and permanent improvements (Column 9)	0
4.	Cost of additions and permanent improvements:	
	4.1 Totals, Part 1, Column 14	0
	4.2 Totals, Part 3, Column 9	0
5.	4.2 Totals, Part 3, Column 9 Total profit (loss) on sales, Part 3, Column 14	0
	Increase (decrease) by foreign exchange adjustment:	
	6.1 Totals, Part 1, Column 12	0
	6.2 Totals, Part 3, Column 8	0
7.	Amounts received on sales, Part 3, Column 11 and Part 1, Column 13	0
8.	Book/adjusted carrying value at end of current period	18,829,675
9.	Total valuation allowance	
10.	Subtotal (Lines 8 plus 9)	18,829,675
11.	Total nonadmitted amounts	
12.	Statement value, current period (Page 2, real estate lines, Net Admitted Assets column)	18,829,675

SCHEDULE B - VERIFICATION BETWEEN YEARS

1.	Book value/recorded investment excluding accrued interest of mortgages owned, December 31 of prior year
2.	Amount loaned during year:
	2.1 Actual cost at time of acquisitions
	2.2 Additional investment made after acquisitions
3.	Accrual of discount and mortgage interest points and commitment fees
4.	Increase (decrease) by adjustment
5.	Total profit (loss) on sale
6.	Amounts paid on account or in full during the year
7.	Amortization of premium
8.	Increase (decrease) by foreign exchange adjustment
9.	Book value/recorded investment excluding accrued interest on mortgages owned at end of current period
10.	Total valuation allowance
11.	Subtotal (Lines 9 plus 10)
12.	Total nonadmitted amounts
13.	Statement value of mortgages owned at end of current period (Page 2, mortgage lines, Net Admitted Assets column)

SCHEDULE BA - VERIFICATION BETWEEN YEARS

1.	Book/adjusted carrying value of long-term invested assets owned, December 31 of prior year
2.	Cost of acquisitions during year:
	2.1 Actual cost at time of acquisitions
	2.2 Additional investment made after acquisitions
3.	Accrual of discount
4.	Increase (decrease) by adjustment(750,438)
5.	Total profit (loss) on sale
6.	Amounts paid on account or in full during the year
7.	Amortization of premium
8.	Increase (decrease) by foreign exchange adjustment
9.	Book/adjusted carrying value of long-term invested assets at end of current period
10.	Total valuation allowance
11.	Subtotal (Lines 9 plus 10)
12.	Total nonadmitted amounts
13.	Statement value of long-term invested assets at end of current period (Page 2, Line 7, Column 3)

SCHEDULE D - PART 1A - SECTION 1

Quality and Maturi	ity Distribution of All Bonds	Owned December 31.	at Book/Adjusted Carr	ving Values by Major T	vpes of Issues and NAIC Designations
Quality and Matur	ity Distribution of All Bollus	OWINED DECENNER 31, 6	al book/Aujusieu Call	villy values by iliajoi i	YPES OF ISSUES AFIG INAIC DESIGNATIONS

Quality and Maturity Distribution of All Bonds Owned December 31, at Book/Adjusted Carrying Values by Major Types of Issues and NAIC Designations												
	1	2	3	4	5	6	7	8	9	10	11	
			Over 5 Years Through	Over 10 Years			Col. 6 as a	Total from Col. 6	% From Col. 7	Total Publicly	Total Privately Placed	
Quality Rating per the NAIC Designation		5 Years	10 Years	Through 20 Years	Over 20 Years	Total Current Year	% of Line 10.7	Prior Year	Prior Year	Traded	(a)	
1. U.S. Governments, Schedules D &	DA (Group 1)											
1.1 Class 1						0	0.0	0	0.0			
1.2 Class 2						Ω	0.0	0	0.0			
1.3 Class 3						0	0.0	0	0.0			
1.4 Class 4						0	0.0	0	0.0			
1.5 Class 5						0	0.0	0	0.0			
1.6 Class 6						0	0.0	0	0.0			
1.7 Totals	0	0	0	0	0	0	0.0	0	0.0	0		
2. All Other Governments, Schedules	D & DA (Group 2)	· ·	Ü	·	Ü	Ů	0.0		0.10	· ·		
2.1 Class 1	CHOOP 2)					0	0.0	0	0.0			
2.2 Class 2						0	0.0	n	0.0			
2.3 Class 3							0.0	 N	0.0		†	
2.4 Class 4						Ω	0.0	Λ	0.0			
2.5 Class 5						Ω	0.0	Λ	0.0			
2.6 Class 6							0.0	 N	0.0			
		0	0	0	0	0		0		0	 	
2.7 Totals	0		0	U	0	U	0.0	U	0.0	U		
3. States, Territories and Possession	s etc., Guaranteed, So	chedules D & DA (Grou	ip 3)				0.0	•	0.0			
3.1 Class 1						0	0.0	0	0.0			
3.2 Class 2						0	0.0	0	0.0			
3.3 Class 3						0	0.0	0	0.0			
3.4 Class 4						0	0.0	0	0.0			
3.5 Class 5						Ω	0.0	0	0.0			
3.6 Class 6						0	0.0	0	0.0			
3.7 Totals	0	· ·	0	0	0	0	0.0	0	0.0	0		
4. Political Subdivisions of States, Te	rritories and Possess	ions, Guaranteed, Sch	edules D & DA (Group	4)								
4.1 Class 1						0	0.0	0	0.0			
4.2 Class 2						0	0.0	0	0.0			
4.3 Class 3						0	0.0	0	0.0			
4.4 Class 4						0	0.0	0	0.0			
4.5 Class 5						0	0.0	0	0.0			
4.6 Class 6						0	0.0	0	0.0			
4.7 Totals	0	0	0	0	0	0	0.0	0	0.0	0	(
5. Special Revenue & Special Assess	•	,	nedules D & DA (Group	5)	·	Ů	0.0		0.0	•	·	
5.1 Class 1		,	Lanco Z & Br. (Group	-,		n	0.0	n	0.0			
5.2 Class 2						n	0.0	 Λ	0.0			
5.3 Class 3						 N	0.0	Ω	0.0			
5.4 Class 4		†	†			Λ	0.0	ر ۱	0.0		†	
5.5 Class 5								 ^	0.0			
5.6 Class 6						ν	0.0		0.0		†	
			^	^	^	0		0		^	 	
5.7 Totals	0	0	0	0	0	0	0.0	0	0.0	0	1	

SCHEDULE D - PART 1A - SECTION 1 (continued) rity Dietribution of All Bonds Owned December 31 at Book/Adjusted Carrying Values by Major Types of Issues and NAIC Designations

	1	Over 1 Veer Through	3 Over 5 Years Through	4 Over 10 Years	5	6	7 Col. 6 as a	8 Total from Col. 6	9 % From Col. 7	10 Total Publicly	11 Total Privately Place
Quality Rating per the NAIC Designation	1 Voor or Loca	5 Years	10 Years	Through 20 Years	Over 20 Years	Total Current Year	% of Line 10.7	Prior Year	Prior Year	Total Publicly Traded	(a)
6. Public Utilities (Unaffiliated), Sche			10 Teals	Tillough 20 Tears	Over 20 Tears	Total Guitent Teal	/6 OI LINE 10.7	Filor real	FIIOI Teal	Traueu	(a)
6.1 Class 1	I alles D & DA (GIOUP	1	1			0	0.0	0	0.0		
6.2 Class 2						n	0.0	 N	0.0		
6.3 Class 3						n	0.0	 N	0.0		
6.4 Class 4						n	0.0	 N	0.0		
6.5 Class 5						0	0.0	0	0.0		
6.6 Class 6						0	0.0	0	0.0		
6.7 Totals	0	0	Λ	0	n	0	0.0	0	0.0	n	
7. Industrial & Miscellaneous (Unaffil	V		Ū	v	0	V	0.0	0	0.0	V	·
7.1 Class 1	Carrie and a carrier and a car	.L				644 . 613	100.0	n	0.0	644 . 613	
7.2 Class 2						0	0.0	0	0.0		
7.3 Class 3						0	0.0	0	0.0		
7.4 Class 4						0	0.0	0	0.0		
7.5 Class 5						0	0.0	0	0.0		
7.6 Class 6						0	0.0	0	0.0		
7.7 Totals	0	644.613	0	0	0	644.613	100.0	0	0.0	644.613	(
8. Credit Tenant Loans, Schedules D	& DA (Group 8)			-		, , , ,				, , , , ,	
8.1 Class 1						0	0.0	0	0.0		
8.2 Class 2						0	0.0	0	0.0		
8.3 Class 3						0	0.0	0	0.0		
8.4 Class 4						0	0.0	0	0.0		
8.5 Class 5						0	0.0	0	0.0		
8.6 Class 6						0	0.0	0	0.0		
8.7 Totals	0	0	0	0	0	0	0.0	0	0.0	0	(
9. Parent, Subsidiaries and Affiliates,	Schedules D & DA (0	Group 9)									
9.1 Class 1						0	0.0	0	0.0		
9.2 Class 2						0	0.0	0	0.0		
9.3 Class 3						0	0.0	0	0.0		
9.4 Class 4						0	0.0	0	0.0		
9.5 Class 5						0	0.0	0	0.0		
9.6 Class 6						0	0.0	0	0.0		
9.7 Totals	0	0	0	0	0	0	0.0	0	0.0	0	(

SCHEDULE D - PART 1A - SECTION 1 (continued)

Quality and Maturity Distribution of All Bonds Owned December 31, at Book/Adjusted Carrying Values by Major Types of Issues and NAIC Designations

Quality and Maturity Distribution of All Bonds Owned December 31, at Book/Adjusted Carrying Values by Major Types of Issues and NAIC Designations													
	1	2	3	4	5	6	7	8	9	10	11		
			Over 5 Years Through	Over 10 Years			Col. 6 as a	Total from Col. 6	% From Col. 7	Total Publicly	Total Privately Placed		
Quality Rating per the NAIC Designation	1 Year or Less	5 Years	10 Years	Through 20 Years	Over 20 Years	Total Current Year	% of Line 10.7	Prior Year	Prior Year	Traded	(a)		
10. Total Bonds Current Year													
10.1 Class 1	0	644,613	0	0	0	644,613	100.0	ХХХ	ХХХ	644,613	0		
10.2 Class 2	0	0	0	0	0	0	0.0	ХХХ	ХХХ	0	0		
10.3 Class 3	0	0	0	0	0	0	0.0	XXX	ХХХ	0	0		
10.4 Class 4	0	0	0	0	0	0	0.0	XXX	ХХХ	0	0		
10.5 Class 5	Ω	0	Ω	0	Q	(c)0	0.0	XXX	XXX	Ω	Q		
10.6 Class 6	0	0	0	0	0	(c)	0.0	XXX	XXX	0	0		
10.7 Totals	0	644,613	0	0	0	^(b) 644,613	100.0	XXX	XXX	644,613	0		
10.8 Line 10.7 as a % of Col. 6	0.0	100.0	0.0	0.0	0.0	100.0	XXX	XXX	XXX	100.0	0.0		
11. Total Bonds Prior Year													
11.1 Class 1	0	0	0	0	0	XXX	ХХХ	0	0.0	0	0		
11.2 Class 2	0	0	0	0	0	ХХХ	ХХХ	0	0.0	0	0		
11.3 Class 3	0	0	0	0	0	ХХХ	ХХХ	0	0.0	0	0		
11.4 Class 4	0	0	0	0	0	ХХХ	ХХХ	٥0	0.0	0	0		
11.5 Class 5	0	0	0	0	0	ХХХ	ХХХ	(c)0	0.0	0	0		
11.6 Class 6	0	0	0	0	0	XXX	XXX	(c)0	0.0	0	0		
11.7 Totals	٥	0	0	Ω	0	XXX	XXX	(b)0	0.0	٥	٥		
11.8 Line 11.7 as a % of Col. 8 0.0 0.0		0.0	0.0	0.0	XXX	XXX	0.0	XXX	0.0	0.0			
12. Total Publicly Traded Bonds													
12.1 Class 1		644,613				644,613	100.0	0	0.0	644,613	XXX		
12.2 Class 2						0	0.0	0	0.0	0	ХХХ		
12.3 Class 3						0	0.0	0	0.0	0	ХХХ		
12.4 Class 4						0	0.0	0	0.0	0	ХХХ		
12.5 Class 5						0	0.0	0	0.0	0	ХХХ		
12.6 Class 6						0	0.0	0	0.0	0	XXX		
12.7 Totals	0	644,613		0	0	644,613	100.0	0	0.0	644,613	ХХХ		
12.8 Line 12.7 as a % of Col. 6	0.0	100.0	0.0	0.0	0.0	100.0	XXX	XXX	ХХХ	100.0	ХХХ		
12.9 Line 12.7 as a % of Line 10.7,													
Col. 6, Section 10	0.0	100.0	0.0	0.0	0.0	100.0	XXX	XXX	XXX	100.0	XXX		
13. Total Privately Placed Bonds													
13.1 Class 1						0	0.0	0	0.0	XXX	0		
13.2 Class 2						0	0.0	0	0.0	XXX	0		
13.3 Class 3						0	0.0	0	0.0	XXX	0		
13.4 Class 4		<u> </u>	ļ			0	0.0	0	0.0	XXX	0		
13.5 Class 5						0	0.0	0	0.0	XXX	0		
13.6 Class 6						0	0.0	0	0.0	XXX	0		
13.7 Totals	0	0	0	0	0	0	0.0	0	0.0	XXX	0		
13.8 Line 13.7 as a % of Col. 6	0.0	0.0	0.0	0.0	0.0	0.0	XXX	XXX	XXX	XXX	0.0		
13.9 Line 13.7 as a % of Line 10.7,													
Col. 6, Section 10	0.0	0.0	0.0	0.0	0.0	0.0	XXX	XXX	XXX	XXX	0.0		

⁽a) Includes \$ freely tradable under SEC Rule 144 or qualified for resale under SEC Rule 144A.

⁽c) Includes \$ ______ prior year of bonds with 5* designations and \$ _____ prior year of bonds with 6* designation was assigned by the SVO in reliance on the insurer's certification of principal and interest payments. "6*" means the NAIC designation was assigned by the SVO due to inadequate certification of principal and interest payments.

5.7 Totals

ANNUAL STATEMENT FOR THE YEAR 2004 OF THE THE WELLNESS PLAN

SCHEDULE D - PART 1A - SECTION 2

Maturity Distribution of All Bonds Owned December 31, at Book/Adjusted Carrying Values by Major Type and Subtype of Issues											
	Maturity Distribu	tion of All Bonds C		at Book/Adjusted C			ype of Issues				
	1	2	3	4	5	6	7	8	9	10	11
		Over 1 Year	Over 5 Years	Over 10 Years			Col. 6 as a %	Total from Col 6	% From Col. 7	Total Publicly	Total Privately
Distribution by Type	1 Year or Less	Through 5 Years	Through 10 Years	Through 20 Years	Over 20 Years	Total Current Year	of Line 10.7	Prior Year	Prior Year	Traded	Placed
1. U.S. Governments. Schedules D & DA (Group 1)	-		-								
1.1 Issuer Obligations						0	0.0	0	0.0		
1.2 Single Class Mortgage-Backed/Asset-Backed Securities						0	0.0	0	0.0		
1.7 Totals	0	0	0	0	0	0	0.0	0	0.0	0	(
2. All Other Governments, Schedules D & DA (Group 2)						·					
2.1 Issuer Obligations				1		0	0.0	0	0.0		
Single Class Mortgage-Backed/Asset-Backed Securities						0	0.0	Û	0.0		
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES											
2.3 Defined						0	0.0	0	0.0		
2.4 Other						0	0.0	n	0.0		
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-									0.0		
BACKED SECURITIES											
						0	0.0	0	0.0		
2.5 Defined						U	0.0				
2.6 Other				_		U		U	0.0		
2.7 Totals	0	0	0	0	0	0	0.0	0	0.0	0	(
3. States. Territories. and Possessions Guaranteed. Schedules D & DA (Group 3)											
3.1 Issuer Obligations						Ω0	0.0	0	0.0		
3.2 Single Class Mortgage-Backed/Asset-Backed Securities MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES						0	0.0	Ω	0.0		
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES											
3.3 Defined						0	0.0	0	0.0		
3.4 Other						0	0.0	0	0.0		
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-											
BACKED SECURITIES											
3.5 Defined						0	0.0	0	0.0		
3.6 Other						0	0.0	0	0.0		
3.7 Totals		Λ	0	^	^	0	0.0	0	0.0	Λ	(
4. Political Subdivisions of States, Territories and Possessions, Guaranteed, Sched	U DA (O	U	U	U	U	U	0.0	U	0.0	U	· ·
4.1 Issuer Obligations 4.1 Issuer Obligations	ules D & DA (Group 4)					0	0.0	٥	0.0		
4.1 Issuel Obligations 4.2 Single Class Mortgage-Backed/Asset-Backed Securities) 1	0.0		0.0		
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES							0.0		0.0		
4.0 - 4						0	0.0	0	0.0		
4.4 Other							0.0	Ω	0.0		
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-	•••••					υ		υ			
BACKED SECURITIES						0	0.0	0	0.0		
4.5 Defined						υ 	0.0	U	0.0		
4.6 Other						0	0.0	0	0.0		
4.7 Totals	0	0	0	0	0	0	0.0	0	0.0	00	(
5. Special Revenue & Special Assessment Obligations etc., Non-Guaranteed, Sched	dules D & DA (Group 5)										
5.1 Issuer Obligations						Ω	0.0	0	0.0		
5.2 Single Class Mortgage-Backed/Asset-Backed Securities MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES						0	0.0	٥	0.0		
MULTI-CLASS RÉSIDENTIAL MORTGAGE-BACKED SECURITIES									1		
5.3 Defined			_	ļ		L0	0.0	0	0.0		
5.4 Other			<u> </u>			0	0.0	٥	0.0		
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-									1		
BACKED SECURITIES									1		
5.5 Defined	<u> </u>		1	L		0	0.0	0	0.0		
5.6 Other						n	0.0	n	0.0		
, -:						. 0	0.0	0	0.0		

0.0

9.7 Totals

ANNUAL STATEMENT FOR THE YEAR 2004 OF THE THE WELLNESS PLAN

SCHEDULE D - PART 1A - SECTION 2 (continued)

Maturity Distribution of All Bonds Owned December 31, at Book/Adjusted Carrying Values by Major Type and Subtype of Issues 8 10 Over 5 Years Col. 6 as a Total from Col. 6 **Total Publicly Total Privately** Over 10 Years % From Col. 7 Over 1 Year Through Through 10 Years Through 20 Years Over 20 Years **Total Current Year** % of Line 10.7 Prior Year Distribution by Type 1 Year or Less 5 Years Prior Year Traded Placed 6. Public Utilities (Unaffiliated), Schedules D & DA (Group 6) 0.0 6.1 Issuer Obligations .. .0.0 6.2 Single Class Mortgage-Backed/Asset-Based 0.0 .0.0 MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES 0.0 6.3 Defined ...0.0 6.4 Other .0.0 MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES ..0.0 6.5 Defined 0.0 0.0 6.6 Other 0.0 0.0 6.7 Totals 7. Industrial & Miscellaneous (Unaffiliated), Schedules D & DA (Group 7) .100.0 7.1 Issuer Obligations .644,613 .644.613 ..644.613 7.2 Single Class Mortgage-Backed/Asset-Based 0.0 Securities MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES 7.3 Defined ...0.0 ...0.0 7.4 Other .0.0 MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES 7.5 Defined ...0.0 .0.0 7.6 Other 0.0 0.0 7.7 Totals 644.613 644.613 100.0 0.0 644.613 8. Credit Tenant Loans, Schedules D & DA (Group 8) ...0.0 8.1 Issuer Obligations 8.7 Totals 0.0 n 0.0 9. Parents, Subsidiaries and Affiliates, Schedules D & DA (Group 9) 9.1 Issuer Obligations 9.2 Single Class Mortgage-Backed/Asset-Based Securities MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES 0.0 9.3 Defined ...0.0 ..0.0 9.4 Other MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES ...0.0 .0.0 9.5 Defined 0.0 0.0 9.6 Other

0.0

0.0

SCHEDULE D - PART 1A - SECTION 2 (continued)

Maturity Distribution of All Bonds Owned December 31, at Book/Adjusted Carrying Values by Major Type and Subtype of Issues											
	1	2	3	4	5	_ 6	7	_ 8	9	10	11
		Over 1 Year	Over 5 Years	Over 10 Years		Total		Total From Col. 6			Total Privately
Distribution by Type	1 Year or Less	Through 5 Years	Through 10 Years	Through 20 Years	Over 20 Years	Current Year	of Line 10.7	Prior Year	Prior Year	Traded	Placed
10. Total Bonds Current Year	0	644 . 613			_	644 . 613	100.0	VVV	VVV	C44 C40	1
10.1 Issuer Obligations	U	044 , 0 13) J			044,013	0.0	XXXXXX	XXX XXX	644,613	ļ
10.2 Single Class Mortgage-Backed/Asset-Backed Securities		ļ	ν 	U	υ	U			λλλ	L	ļ
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES 10.3 Defined	0	,		0	0	0	0.0	XXX	XXX	0	
						U	0.0	XXX	XXX	J	
10.4 Other	D		/ U	U	U					JU	
	0	(0	0	0	0	0.0	XXX	XXX	0	(
10.5 Defined	0 0		0	0	U	U	0.0	XXX	XXX	u	
10.7 Totals	0	644.613	0	0	0	644.613	100.0	XXX	XXX	644,613	
10.7 Totals 10.8 Line 10.7 as a % of Col. 6	0.0	100.0		0.0	0.0	100.0	XXX	XXX	XXX	100.0	0.0
11. Total Bonds Prior Year	0.0	100.0	0.0	0.0	0.0	100.0	۸۸۸	۸۸۸	۸۸۸	100.0	0.0
	^	,		0	_	XXX	XXX	0	0.0	^	1
11.1 Issuer Obligations	L	ļ	, I	L	l	XXX	ХХХ	t	0.0	J	ļ
11.2 Single Class Mortgage-Backed/Asset-Backed Securities) D	U	J			+		U	F
11.3 Defined	0	(0	0	0	XXX	XXX	0	0.0	0	
11.4 Other			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	 0		XXX	XXX	n	0.0	U	
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES	U		,				ΛΛΛ		0.0		
11.5 Defined	0	(0	0	0	XXX	XXX	0	0.0	0	1
	 N		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	0	D	XXX	XXX	T 0		0	
11.6 Other	0	(0	0	XXX	XXX	0	0.0	0	0
11.8 Line 11.7 as a % of Col. 8	0.0	0.0		0.0	0.0	XXX	XXX	0.0		0.0	0.0
12. Total Publicly Traded Bonds	0.0	0.0	0.0	0.0	0.0	۸۸۸	۸۸۸	0.0	۸۸۸	0.0	0.0
						0	0.0		0.0	0	VVV
12.1 Issuer Obligations						L	0.0 0.0	l	0.0	U	XXXXX
12.2 Single Class Mortgage-Backed/Asset-Backed Securities						L		U		U	ΛΛΛ
12.3 Defined						0	0.0	0	0.0	0	XXX
12.4 Other						ν	0.0	U	0.0	U	XXX
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES						νυ		υ			ΛΛΛ
12.5 Defined						0	0.0	0	0.0	0	XXX
12.6 Other		644.613				644.613	100.0	0		644.613	XXX
12.7 Totals	٨	644,613		0	0	644,613	100.0	0	0.0	644,613	
12.8 Line 12.7 as a % of Col. 6	0.0	100 .0		0.0	0.0	100.0	XXX	XXX	XXX	100.0	XXX
12.9 Line 12.7 as a % of Line 10.7, Col. 6, Section 10	0.0	100.0		0.0	0.0	100.0	XXX	XXX	XXX	100.0	XXX
13. Total Privately Placed Bonds	0.0	100.0	0.0	0.0	0.0	100.0	AAA	AAA	AAA	100.0	AAA
13.1 Issuer Obligations						n	0.0	n	0.0	XXX	1
13.1 Issuel Obligations		†	<u> </u>	t		n	0.0	υ 0	0.0	XXX	
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES						1		l			İ
13.3 Defined			1			n	0.0	0	0.0	XXX	1
13.4 Other						n	0.0	n	0.0	XXX	(
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES						1		Ī			
13.5 Defined						0	0.0	0	0.0	XXX	1
13.6 Other						0	0.0	0		XXX	(
13.7 Totals	n	() 1	0	n	0	0.0	Ů.	0.0	XXX	
13.8 Line 13.7 as a % of Col. 6	0.0	0.0		0.0	0.0	0.0	XXX	XXX	XXX	XXX	0.0
13.9 Line 13.7 as a % of Line 10.7, Col. 6, Section 10	0.0	0.0			0.0	0.0	XXX	XXX	XXX	XXX	0.0

Schedule DA - Part 2

NONE

Schedule DB - Part A - VBY

NONE

Schedule DB - Part B - VBY NONE

Schedule DB - Part C - VBY NONE

Schedule DB - Part D - VBY

NONE

Schedule DB - Part E - VBY

NONE

Schedule DB - Part F - Section 1

NONE

Schedule DB - Part F - Section 2

NONE

Schedule S - Part 1 - Section 2

NONE

Schedule S - Part 2

NONE

Schedule S - Part 3 - Section 2

NONE

Schedule S - Part 4
NONE

Schedule S - Part 5

SCHEDULE S-PART 6

Restatement of Balance Sheet to Identify Net Credit For Ceded Reinsurance

	nestatement of balance sheet to identity Net Ci	1	2	3
		As Reported (net of ceded)	Restatement Adjustments	Restated (gross of ceded)
	ASSETS (Page 2, Col. 3)			
1.	Cash and invested assets (Line 10)	74,718,388		74,718,388
2.	Accident and health premiums due and unpaid (Line 12)	0		0
3.	Amounts recoverable from reinsurers (Line 13.1)	0		0
4.	Net credit for ceded reinsurance	XXX	0	0
5.	All other admitted assets (Balance)	3,952,980		3,952,980
6.	Total assets (Line 26)	78,671,368	0	78,671,368
	LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7.	Claims unpaid (Line 1)	27 , 856 , 108	0	27 , 856 , 108
8.	Accrued medical incentive pool and bonus payments (Line 2)	4,564,279		4,564,279
9.	Premiums received in advance (Line 8)	0		0
10.	Reinsurance in unauthorized companies (Line 18)	0		0
11.	All other liabilities (Balance)	7,927,411		7,927,411
12.	Total liabilities (Line 22)	40,347,798	0	40,347,798
13.	Total capital and surplus (Line 30)	38,323,570	XXX	38,323,570
14.	Total liabilities, capital and surplus (Line 31)	78,671,368	0	78,671,368
	NET CREDIT FOR CEDED REINSURANCE			
15.	Claims unpaid	0		
16.	Accrued medical incentive pool	0		
17.	Premiums received in advance	0		
18.	Reinsurance recoverable on paid losses	0		
19.	Other ceded reinsurance recoverables	. 0		
20.	Total ceded reinsurance recoverables	0		
21.	Premiums receivable	0		
22.	Unauthorized reinsurance	0		
23.	Other ceded reinsurance payables/offsets	0		
24.	Total ceded reinsurance payable/offsets	0		
25.	Total net credit for ceded reinsurance	0		

55

SCHEDULE Y (continued) PART 2 - SUMMARY OF INSURER'S TRANSACTIONS WITH ANY AFFILIATES

	PART 2 - SUMMARY OF INSURER'S TRANSACTIONS WITH ANY AFFILIATES													
1	2	3	4	5	6	7	8	9	10	11	12	13		
NAIC Company Code	Federal ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred Under Reinsurance Agreements	*	Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/(Liability)		
									·					
	-													
)NE									
	-													
									ļ			ļ		
					-		 							
														
														
									I					
					-		ļ	ļ	ļ					
							 		ļ					
									İ					
9999999 C	Control Totals		0	0	0	0	0	0	XXX	0	0	0		

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your annual statement filing. However, in the event that your company does not transact the type of business for which the special report must be filed, your response of **NO** to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not filed for whatever reason enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

MARCH FILING

1.	Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?	YES		NO	[X]
2.	Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?	YES	[X]	NO	[]
3.	Will an actuarial certification be filed by March 1?	YES	[X]	NO	[]
4.	Will the Risk-based Capital Report be filed with the NAIC by March 1?	YES	[X]	NO	[]
5.	Will the Risk-based Capital Report be filed with the state of domicile, if required by March 1?	YES	[X]	NO	[]
6.	Will the Life Supplement be filed the state of domicile and the NAIC by March 1?	YES	[]	NO	[X]
7.	Will the Property/Casualty Supplement be filed the state of domicile and the NAIC by March 1?	YES	[]	NO	[X]
	APRIL FILING				
8.	Will Management's Discussion and Analysis be filed by April 1?	YES	[X]	NO	[]
9.	Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile by April 1?	YES	[]	NO	[X]
10.	Will the Investment Risks Interrogatories be filed by April 1?	YES	[X]	NO	[]
	JUNE FILING				
11.	Will an audited financial report be filed by June 1 with the state of domicile?	YES	[X]	NO	[]

EXPLANATIONS:

- 1. Not applicable
- 6. Not applicable
- 7. Not applicable
- 9. Not applicable

BAR CODE:









OVERFLOW PAGE FOR WRITE-INS